



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

PSC certified **PAYPHONE SERVICE PROVIDERS (PSPs)**

Please provide ***Annual Report*** information regarding payphone operations (South Carolina only) for the calendar year _____:

➤ **TOTAL INTRASTATE GROSS RECEIPTS (F/Y _____) \$_____**

➤ **TOTAL NUMBER OF PAYPHONES (Y/E _____) _____**

PSP's Name

Certification Order Number

Address

SS or FEI (Federal Employee ID) #

City, State & Zip code

Telephone Number

Responsible Party's Name & Title (please print)

Signature

Fax # and/or E-Mail Address

Please also indicate contact name and address to which future request for information should be sent, if different from above:

☐ Will *not* engage in future payphone operations within South Carolina. Please *cancel certification* and remove name as an authorized PSP.

Please complete and return before **APRIL 1** to the:

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA (AUDITING
DEPARTMENT), P.O. DRAWER 11649, COLUMBIA, SC 29211 (Fax: 803-
896-5199)